MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

83a

Reg. Diat. No. 1136600

1. PLACE OF DEATH:

County: Charles

City or town: La Plata

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 5 days

Hospital, institution, or street address where death occurred:

Physicians' Memorial Hospital

How long in hospital or institution? 5 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Charles

City or town: Spring Hill

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME: Julian Dyer

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	white	married

6.(b) Name of husband or wife: Mary Dyer

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): October 7, 1875

8. AGE: Years: 73 | Months: 1 | Days: 1 | If less than one day: ..... hrs. ..... min.

9. Birthplace: Dentsville, Maryland (Town, county, and state)

10. Usual occupation: Farmer

11. Industry or business:

FATHER 12. Name: Miles Dyer

13. Birthplace: Charles County, Md.

MOTHER 14. Maiden name: Mary C. Queen

15. Birthplace: Charles County, Md.

16. Informant: Julian G. Dyer

Address: Faulkner, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: 11-10-48 (month) (day) (year)

Cemetery or crematory: St. Marys

Location: Bryantown

18. Funeral director: Huntt & Ryon

Address: Waldorf, Md.

18. 11/10 (Date rec'd by registrar) 19 48 Julia H. Pasey Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: November 8, 1948 19 at 9:00 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 19 48 to 7 Nov 19 48 and that I last saw him alive on 7 November 19 48

Immediate cause of death	DURATION
Cerebral hemorrhage.	8 hrs
Due to Arteriosclerosis.	10 yrs.
Due to hypertension.	20 yr.
Other conditions None.	

(Include pregnancy within 3 months of death)

Major findings of operation: —

Date of op.

Autopsy results: None.

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: None. Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: A. R. Woodby M.D. M. D. or other

Address: La Plata, Md. Date signed: 8 Nov 48

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15M

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

93d

11367

Reg. Diat. No. 100

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45-15

1. PLACE OF DEATH:
County: Charles
City or town: La Plata Md
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md County: Charles
City or town: ~~McConchie~~ Welcome
(If outside city or town limits, write RURAL and give nearest town)
Street No.: Mc Conchie
(If rural, give LOCATION)
2.(a) If veteran, name war:

3. (a) FULL NAME: William Ferguson

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	W	Married

6.(b) Name of husband or wife:
6.(c) If alive, give age: yeare

7. Birth date of deceased (mo., day, yr.): June 1874

8. AGE: Years	Months	Days	If less than one day
74	4		hrs. min.

9. Birthplace: Welcome Md (Town, county, and state)

10. Usual occupation: Farmer

11. Industry or business:

FATHER 12. Name: William B Ferguson
13. Birthplace: Welcome Md

MOTHER 14. Maiden name: Adele Compston
15. Birthplace: Welcome Md

16. Informant: Merrill Ferguson Son
Address: Welcome Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof 11-18-48 (month) (day) (year)
Cemetery or crematory: Mt Rest
Location: La Plata Md

18. Funeral director: Hamilton & Ryon
Address: Nanjoy Md

19. 11-18 1948 (Date rec'd by registrar) Julia H. Penny Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: November 16 1948, at 6:30 P M

21. I CERTIFY that death occurred on the date above etated; that I attended deceaeed from 11 November 1948, to 16 Nov 1948
and that I last saw h... alive on 16 November 1948

Immediate cause of death	DURATION
hypostatic Pneumonia - Congestion	5 days
Heart failure	15 min.
Due to: Arteriosclerosis	
Due to: Hypertension Heart disease	25 yrs.
Other conditions: Gangrene left foot	

(Include pregnancy within 3 months of death)

Major findings of operations: None
Date of op.
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: S O Woody M.D. (M. D. or other)
Address: La Plata Md. Date signed: 16 Nov 48

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

11368

93d

CERTIFICATE OF DEATH

Reg. Diat. No. 106

1. PLACE OF DEATH: County: Charles; City or town: Indian Head (If outside city or town limits, write RURAL and give nearest town); How long in above place of death? 30 yeds; Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Md County: Charles

City or town: Indian Head (If outside city or town limits, write RURAL and give nearest town)

Street No. (If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME Joseph Eunice Hawkins

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Colored	Married

6.(b) Name of husband or wife: Josephine Hawkins

6.(c) If alive, give age: 49 years

7. Birth date of deceased (mo., day, yr.): April (?) 1901

8. AGE: Years: 47 | Months: 9 | Days: (5) | If less than one day: hrs. min.

9. Birthplace: Pomonkey, Md (Town, county, and state)

10. Usual occupation: Laborer

11. Industry or business: U.S.N.P.F (Retired)

FATHER — 12. Name: George Hawkins

FATHER — 13. Birthplace: Pomonkey, Md

MOTHER — 14. Maiden name: Mary Eliz Henson

MOTHER — 15. Birthplace: Pomonkey, Md

16. Informant: Margaret Hawkins (wife)

Address: Indian Head, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: NOV. 12 1948 (month) (day) (year)

Cemetery or crematory: St. Charles Catholic Cem.

Location: Glymont, Md

18. Funeral director: Penny & Coffey

Address: Mason Springs, Md

19. Nov. 11 1948 (Date rec'd by registrar) Odey Price Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: November 8 1948, at 4:30 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec. 1946 to Nov. 8 1948 and that I last saw h... alive on November 8 1948

Immediate cause of death	DURATION
Coronary Thrombosis	10 dy
Due to: Chronic Myocarditis	2 yrs
Due to:	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of Injury: Injured at work?

23. SIGNATURE: Frank Susanka D. M. D. or other

Address: Indian Head, Md Date signed: 11-8-48.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

STATE OF MARYLAND—CERTIFICATE OF DEATH

11369

1. PLACE OF DEATH

County Charles. Registration Dist. No. 105-100

Village or City Hughesville No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ...yrs...mos...ds. How long in U.S. if of foreign birth? ...yrs...mos...ds.

2. FULL NAME Martha Ann Herbert If U. S. Veteran, specify WAR

(a) Residence: No. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
F.	wh.	widow.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edward Herbert

6. DATE OF BIRTH (month, day, and year) 9-22-1870

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	78	1	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Housewife

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) St. Mary's Co. Md

FATHER

13. NAME Charles Buckler

14. BIRTHPLACE (city or town) (State or country) St. Mary's Co. Md

MOTHER

15. MAIDEN NAME Sarah Jones Graves

16. BIRTHPLACE (city or town) (State or country) St. Mary's Co. Md.

17. INFORMANT Richard Herbert (Address) Hughesville, Md

18. BURIAL, CREMATION, OR REMOVAL Place Bryantown Date NOV. 8, 1948

19. UNDERTAKER Hunt & Ryong (Address) Medford, Md.

20. FILED NOV 6, 1948 M. L. Riddle Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Nov (Month) 5 (Day), 1948 (Year).

22. I HEREBY CERTIFY, That I attended deceased from Sept., 1948, to Nov. 5th, 1948

I last saw her alive on Nov 5th, 1948, death is said to have occurred on the date stated above, at ...m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Oedema of Lungs.	

Other Contributory Causes of importance:

Chronic Valvular Heart disease	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) Leroy J. Sothoron M. D.

(Address) Leonardtown Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

11370

Reg. Diat. No. 100

1. PLACE OF DEATH:

County: Charles

City or town: La Plata

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 20 yrs

Hospital, Institution, or street address where death occurred:

Home

How long in hospital or institution? —

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md County: Charles

City or town: LaPlata

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war —

3.(a) FULL NAME: Julia Elizabeth Johnson

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	Negro	Single

6.(b) Name of husband or wife —

6.(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.): May 23, 1915

8. AGE: Years 33 | Months 5 | Days 16 | If less than one day: hrs. min.

9. Birthplace: La Plata, Charles, Md. (Town, county, and state)

10. Usual occupation: Housework

11. Industry or business: own home

FATHER — 12. Name: George A. Johnson

FATHER — 13. Birthplace: LaPlata, Md

MOTHER — 14. Maiden name: Julia A. Bivins

MOTHER — 15. Birthplace: Ponpet, Md

16. Informant: Julia Johnson (mother)

Address: LaPlata, Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof 11-11-48 (month) (day) (year)

Cemetery or crematory: St. Joseph

Location: Pamphet, Md

18. Funeral director: Hunter & Ryon

Address: Waldorf, Md

19. 11-10 19 48 (Date rec'd by registrar) Julia H. Posey Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: November 9, 1948 at 12 50 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 1948 to Nov. 9, 1948 and that I last saw her alive on Nov. 6 1948

Immediate cause of death	DURATION
Disseminated pulmonary tbc	7 days
Due to: Chronic Pulmonary Tuberculosis	7 mos.
Due to:	
Other conditions: —	

(Include pregnancy within 3 months of death)

Major findings of operations: —

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide. Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of Injury Injured at work?

23. SIGNATURE: Jno. L. MacNamara, M.D. M. D. or other

Address: LaPlata, Md Date signed 11-9-48

VS A15 9-45-15M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

11371

93d

CERTIFICATE OF DEATH

Reg. Dist. No. 100

1. PLACE OF DEATH:
County CHARLES
City or town WICOMICO (If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 40 YEARS
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
State MARYLAND County CHARLES
City or town WICOMICO (If outside city or town limits, write RURAL and give nearest town)
Street No. (If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME HARRIET DORA QUEEN

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
FEMALE	COLORED	MARRIED

6.(b) Name of husband or wife YATES QUEEN
6.(c) If alive, give age 75 years

7. Birth date of deceased (mo., day, yr.) JUNE 29 1882

8. AGE: Years	Months	Days	If less than one day
66	4	15	hrs. min.

9. Birthplace BUDDS CREEK ST. MARYS Co. Md. (Town, county, and state)
10. Usual occupation HOUSEWIFE
11. Industry or business HOME

FATHER
12. Name GEORGE TURNER
13. Birthplace CHARLES COUNTY

MOTHER
14. Maiden name REBECCA DADE
15. Birthplace ST. MARYS Co

16. Informant YATES QUEEN
Address WICOMICO Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 11-16-48 (month) (day) (year)
Cemetery or crematory St Mary
Location Bodkin Newport Md
18. Funeral director Hunt & Lyon
Address Waldorf Md

19. 11/15 19 48 W. L. Rogers Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH NOVEMBER 13 1948, at 4.10 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from NOV 15 1947, to NOV 13 1948
and that I last saw her alive on NOV. 11 1948

Immediate cause of death	DURATION
CHRONIC MYOCARDITIS	1 YR
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations Date of op.
Autopsy results.
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Ernest Spencer Jr. M.D.
M. D. or other
Address BEL. ALTON Md. Date signed 11-14-'48

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15 9-45-15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

159 11372

Reg. Dist. No. 100

1. PLACE OF DEATH:

County: Charles

City or town: La Plata

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 12 days

Hospital, institution, or street address where death occurred:

Physicians Memorial Hospital

How long in hospital or institution? 12 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md. County: Charles

City or town: Wicomico

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME: Mary Lucille Swann

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	Negro	Single

6.(b) Name of husband or wife

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): Oct. 25, 1948

8. AGE: Years	Months	Days	If less than one day
0	0	15	..... hrs. ..... min.

9. Birthplace: Wicomico Charles, Md.
(Town, county, and state)

10. Usual occupation: Infant

11. Industry or business

FATHER

12. Name: John Spencer Swann

13. Birthplace: Chas. Co. Md

MOTHER

14. Maiden name: Laura Pearl Preston

15. Birthplace: Chas Co, Md

16. Informant: Spencer Swann

Address: Wicomico, Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof 11-10-48 (month) (day) (year)

Cemetery or crematory: On farm

Location: Wicomico, Md.

18. Funeral director: Spencer Swann

Address: Wicomico, Md

19. 11-10 (Date rec'd by registrar) 19 48 Julian H. Posey Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: November 9, 1948 at 11 05 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct. 29, 1948, to Nov. 9, 1948

and that I last saw h[illegible] alive on November 8, 1948

Immediate cause of death	DURATION
Prematurity - wgt. 3 lbs 12 oz; full term	
Due to: Multiple pregnancy?	
Due to:	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operation: ..... Date of op. .....

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of .....

Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury ..... Injured at work?

23. SIGNATURE: Jno. L. McKaraugh, M.D. M. D. or other

Address: La Plata, Md. Date signed 11-9-48

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly

VS A15 9-45-15M

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 100 (100) 11373

1. PLACE OF DEATH:
County: Charles
City or town: La Plata
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred: Physicians Memorial Hospital
How long in hospital or institution? 29 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Charles
City or town: Benedict
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME: Melissa Ann Welch

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F.	W.	W.

6.(b) Name of husband or wife
6.(c) If alive, give age ... years

7. Birth date of deceased (mo., day, yr.): March 31, 1854

8. AGE: Years: 94 | Months | Days | If less than one day: ... hrs. ... min.

9. Birthplace: Wicomico Co Md (Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business

FATHER
12. Name: John Hurley
13. Birthplace: Wicomico Co, Md

MOTHER
14. Maiden name: Leah Hurley
15. Birthplace: Wicomico Co Md

16. Informant: Mrs. Stella Shorter
Address: Benedict, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 11-12-48 (month) (day) (year)
Cemetery or crematory: St. Marys
Location: Bryantown
18. Funeral director: Hewett & Rymer
Address: Waldorf, Md

18. 11/10 1948 Julia H. Parry
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: November 9 1948, at 10:45 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from November 1947, to November 9 1948
and that I last saw h ER alive on November 9 1948

Immediate cause of death: Generalized Arterio-Sclerosis — Duration: Undetermined

Due to: Senility — Duration: Undetermined

Due to: Fracture, Complete, Intertrochateric, Left Femur — Duration: 29 Days

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.

Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Accident Date of 10/11/48
Where did injury occur? Benedict (City or town) Charles (County) Maryland (State)
Injured at home, farm, industry, public place (where?): Home
Means of injury: Fall Injured at work?

23. SIGNATURE: John N. Griffin M.D.
M.D. or other
Address: Hughesville, Md Date signed 11/19/48

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Give the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15M